



LTC Bulletin

Spring 2010

Spring Fever? Your Residents Probably Have It, Too!

By Kathryn Wolfe

It's a spring day and you're sitting at work gazing out the window. You wish more than anything you could be out there enjoying the sunshine. Your residents may feel the same way, so it's important to determine whether they are at risk of wandering or eloping.

Caring for people with cognitive loss can be challenging because their confusion can make them a greater risk to try to leave the facility. Wandering occurs when a person strays into unsafe areas and may be harmed. Eloping is when a confused resident leaves a facility's protected area and does not return.

Both situations pose significant dangers that may result in a resident's injury or death. A nursing home resident in southeast Missouri was killed recently when she left the facility and was struck by a passing train.

A confused resident who elopes may:

- enter areas that are unsafe, such as stairwells, poorly lit areas, construction areas or busy streets;
- get lost, not be able to find the way back and suffer from dehydration or exposure to heat or cold;
- enter a body of water and drown, or wander into traffic and be struck by a vehicle;
- encounter violent persons who may rob, assault or otherwise harm him or her;
- suffer a medical crisis because of a lack of medications or medical supervision.

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Spring Fever

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Assessment is the key!

Each person should be assessed upon admission and throughout his or her stay for the risk of wandering or eloping. Dementia and Alzheimer's disease contribute to the risk. Medication changes may also cause residents to become confused, contributing to changes in their behavior. Upon admission, determine if a person has a history of wandering and forgetting whereabouts. An assessment also needs to determine why a resident is restless. Is the restlessness the result of medication, medical problems, diabetes or an infection? Infections can increase a resident's confusion.

Develop a proper care plan for confused residents who are at increased risk for wandering or eloping. The plan should include precautionary measures to reduce both wandering and elopement. Care plan guidelines to prevent wandering should address environmental modifications, technology and safety, physical and psychosocial interventions and care giver education.

Environmental Modifications: Focus on how to prevent injury and create a sense of well-being. Instead of preventing movement, the plan should facilitate safe movement.

Technology and Safety: An electronic system may be used to track a wandering, confused person. Monitoring devices can assist staff; however, the devices sometimes fail and should not be used in lieu of careful supervision by staff.

Physical and Psychosocial Interventions: Provide meaningful activities that are clearly defined in the care plan. Sufficient staff support and supervision are essential to provide those activities.

Caregiver Education: Persons with cognitive loss have special needs. Facility staff members require instruction on how to communicate with such individuals, adapt activities for them and modify the environment to keep them safe. Staff competency on those issues should be measured. Facilities should also have a system in place to locate a missing resident, and staff members need to understand that system.

Injury or death as a result of wandering or elopement is a tragedy that requires a thorough evaluation to determine the efforts, as well as potential culpability, of the care provider. Help protect your residents by adopting the following procedures:

- assess risk
- identify and respond to risk
- assess related needs
- provide care to meet needs while promoting health and safety, and
- evaluate the plan and revise as needed.

Get Ready for Minimum Data Set (MDS) 3.0

By Joan Brundick

Staff in certified nursing facilities will need instruction in a new version of MDS – version 3.0 – which the Centers for Medicare and Medicaid Services (CMS) will begin using Oct. 1.

Many are asking, “Why the change from MDS 2.0?” One reason is that MDS 2.0 fails to include information from resident interviews, and CMS wants to ensure that residents’ voices are heard. Person-centered care is the foundation for a resident’s quality of life. The new 3.0 version includes questions that are important to a resident and the care he or she receives. Use of the new version will ensure the adoption of a more individualized care plan for each resident.

Many users and government agencies also expressed concerns about MDS 2.0 data quality and validity. Still others said that communication among providers would be enhanced if the MDS included protocols applicable in any care setting. Therefore, MDS 3.0 was launched to improve reliability, accuracy and usefulness; to include the resident in the assessment process; and to use standard protocols applicable in any care setting.

The MDS was originally designed to assist in care plan development, but it now serves many purposes. MDS data is used for reimbursement under the Skilled Nursing Facility Prospective Payment System, to monitor nursing homes’ quality of care, and to determine Quality Indicators/Quality Measures (QI/QM) for each facility. The QI/QM reports are part of the survey process and should also be part of a facility’s quality improvement process. Quality measures for each facility are posted on Medicare’s *Nursing Home Compare* Web site, and ten of those measures are used to help determine a facility’s one-to-five star rating, with one star being the lowest rating and five the highest. Facilities, therefore, need to be sure they are entering accurate data on the MDS.

To submit accurate MDS 3.0 data, a facility’s entire disciplinary team needs to be trained. The MDS Statewide Planning Committee provides 50 trainings from May 24 through August 2010, to train facility staff by October 1. Many training sessions focus on item-by-item coding for MDS coordinators. Other sessions are geared to administrators, directors of nursing and other management staff who may not need to complete item-by-item coding, but do need to know how MDS changes affect their bottom line. Other trainings, for MDS coordinators and care planning teams, focus on the new Care Area Assessments.



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Community Organizations Can Help During Disasters

Community Organizations Active in Disasters, or COADs, attempt to mitigate the effect of disasters by helping coordinate emergency human services. Members include governmental, non-governmental and faith-based organizations, service clubs, local businesses, and interested citizens. The members come together to assist their communities during the four phases of emergency management: mitigation, preparedness, response, and recovery.

A COAD ensures that a community is prepared for hazards described in its hazard-analysis report. A COAD also ensures that public and private agencies prepare for, respond to, and assist in recovering from disasters.

COADs are important because member agencies get to know one another and develop working relationships before a disaster hits. Trying to establish a working relationship is almost impossible in the midst of a disaster. COAD meetings allow member agencies to learn about each other's resources and how quickly those resources can be deployed. This advance knowledge and planning helps ensure that member agencies respond quickly and automatically to an emergency and do not duplicate services. Advance coordination also lessens the chance of gaps in services.

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COADs *Continued from page 4*

COADs work best when member agencies establish committees to address specific areas of emergency human services. For instance, there should be committees for long-term recovery, mass care, volunteer coordination and one for special needs populations. COADs should always work closely with their local emergency management directors and other emergency management partners.

During a disaster, COAD communities will respond more efficiently and completely, and experience less disruption in services, than non-COAD communities. Therefore, the recovery phase can begin sooner. Volunteers are critical to this process and should be included in every phase of emergency management. The more inclusive a COAD is, the more effective its response to emergencies will be.



COADs are part of a network of organizations with a wide range of assets and resources that can prove invaluable in disasters and everyday life. They can help ensure that no one falls through the cracks. If you are interested in getting involved with a COAD in your area, contact your local emergency management director or Mike Pickerel at the State Emergency Management Agency at (573) 526-9247.

DHSS Promotes Older Americans Month

Together we can tackle several of seniors' biggest concerns as part of Older Americans Month in May. Economic security, health care and social activities are seniors' top three concerns, and the Department of Health and Senior Services compiled a list of dynamic speakers to address these concerns. We encourage you to book a speaker for a special event in May, and then let the department know about it. There is no cost for the speakers.



Our speakers include experts who can tell seniors how to protect themselves from investment fraud schemes and medical identity theft, a riveting entertainer who belts out Judy Garland tunes and other classics, and much more. We believe the speakers will appeal to a broad range of seniors in all walks of life—those who live at home, in nursing homes, or attend senior centers.

Please e-mail Charisse.Pappas@dhss.mo.gov to obtain a speakers' list. Please note that the department cannot guarantee a speaker's availability, and that certain speakers may be available only in a specific part of the state. Your chances of obtaining a speaker are also greater if you call or e-mail the speaker today rather than in May.

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AgeStrong!LiveLong!

Get On The FENCE

By Linton Bartlett

Nurses who work in a long-term care setting can enhance their training and skills through a free, voluntary program. Furthering Education for Nurses who Care for the Elderly, or FENCE, offers training in assessment, evaluation and intervention. It also provides instruction to nurses on critical thinking techniques and supervision of caregivers.



The Department of Health and Senior Services entered into a contract with the Missouri Association of Homes for the Aging to provide FENCE training in 2010. The 45-hour course is free to nurses currently employed in a Missouri long-term care facility. The course will be offered at least once in each of the Section for Long-Term Care Regulation's seven regions. A maximum of 320 nurses can receive the training.

The FENCE program was developed by the Missouri Center for Career Education at the University of Central Missouri, under a contract with the Department of Health and Senior Services. The FENCE Web site, www.fencetest.org, provides the curriculum and a list of approved instructors who may be contacted about the course.

The Missouri League for Nursing serves as the certifying agency for the FENCE program. Nurses completing the course will be certified as a "long-term care specialist." MLN will issue the certificates of completion, maintain the lists of approved instructors and nurses who complete the training, and may also train additional instructors.

For more information, contact the Missouri Association of Homes for the Aging at (573) 635-6244 or Brenda@moaha.org.

FENCE Training Schedule

DATE	TIME	LOCATION
April 27 - June 2, 2010	3:00 pm - 7:00 pm	Birch Tree
May 1 - June 12, 2010	8:00 am - 4:30 pm	Jefferson City
May 1 - June 12, 2010	9:00 am - 5:30 pm	St. Louis
May 3 - June 24, 2010	5:30 pm - 8:30 pm	Stanberry
May 24 - July 19, 2010	5:30 pm - 8:45 pm	Springfield
May 27 - July 22, 2010	9:00 am - 3:30 pm	Joplin
<i>Classes have already begun in Kansas City, Macon, and Columbia!</i>		

MDS 3.0 *Continued from page 3*

Trade associations are distributing a brochure that lists MDS training dates and registration information. The brochure is also posted on the Section for Long-Term Care Regulation's "LTC Information Update" LISTSERV. We strongly encourage you to subscribe to this free weekly e-mail to keep up with the many changes occurring in long-term care. To subscribe, visit: <http://www.dhss.mo.gov/SeniorServices>, then click on Subscribe to LTC Information Update.

Free support group meetings to help MDS coordinators navigate MDS are sponsored by the Quality Improvement Program for Missouri (QIPMO), and are held at least every other month in every region of the state. Go to <http://www.nursinghomehelp.org/supgr.html> to locate the next meeting. MDS 3.0 will be the focus throughout the summer.

CMS has also written a new Resident Assessment Instrument (RAI) manual, and every certified facility that submits an MDS must have one. The new 3.0 RAI manuals can be purchased from most medical supply companies, or ordered when registering for an upcoming MDS 3.0 workshop. The manual can also be downloaded at: http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp. Please bring the new 3.0 RAI manual when attending an MDS training. Please keep in mind that the new manual is still a work in progress and will not be officially complete until May, 2010. For this reason, it is encouraged that you not purchase your manual until June, 2010 to ensure you have the most current information.

Change is never easy, but the department, QIPMO and many associations have joined together to make the new MDS information available in every part of the state by Oct. 1. If you have questions, contact the department's MDS Unit at 573-751-6308, or email joan.brundick@dhss.mo.gov.



Older Americans Month

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The department will publicize your speaker events and other Older Americans Month activities through press releases and its Web site in May. But we need to know about them. If you book a speaker, please e-mail Charisse.Pappas@dhss.mo.gov or call Tara McKinney at 573-526-8514 with the particulars (e.g., date of event, time of event, name of your organization, speaker's name, location of event, contact person's name and phone number). They will add the events to a calendar that will be posted on the department's Web site throughout May.

Resident Spotlight

The Road

By Michelle DeWeese

For a moment our paths crossed in this life.
 We met near the intersection of Life and Death.
 We did not say too much to each other.
 We walked the road of illness together
 Taking the turns as they came.
 I did not know much more than your name.
 It's not that I was uninterested in the journey of your life.
 Rather, I chose to walk with you in silence.
 I chose to respect your personal quest.
 I chose instead to believe that Creator God, who does all things well,
 He alone knows what is best.
 For the family who must walk without you now,
 May they gain strength from the good memories shared along the way.
 May they believe for a happy reunion on one Eternal Day.
 For on this road of life,
 We do the best we can with that which we have been given.
 We take the good with the bad.
 We live the happy, mingled with the sad.
 For this is the true definition of what it means to keep on livin'
 On the road of life that we have had.
 We take a deep breath and live the happy,
 Mingled with the sad.

About the Author

Ms. Michelle DeWeese has been a resident at Lexington Care Center for two years and in long-term care facilities for the last seven. She was previously a Nazarene pastor and holds a master's degree in theology. She has seen many fellow residents deal with declining health and ultimately pass away. This is an edited version of the poem that she wrote for a fellow resident and read at his memorial service. DeWeese said that while she didn't know the man well, she still cared.

"I wrote the poem to be individualized specifically for him, not (to be merely) a general reading from the Bible or a generic poem," she said. The family and staff were touched by the poem.

Do you have a special resident that you would like to nominate for the *Resident Spotlight*? *Resident Spotlight* will feature a resident who has a special talent, lived an adventurous life, given back to his or her community or experienced another type of accomplishment. Nominations will be reviewed and selected by a team from the Section for Long-Term Care Regulation. Facilities should ensure that all privacy policies are followed. Please keep in mind that all written submissions are subject to editing and approval by the Office of Public Information. Please contact Tara McKinney at tara.mckinney@dhss.mo.gov or 573-526-8514 to receive a nomination form.

Read All About It!

Join the 900 subscribers who already receive the weekly LTC Information Update. Go to the DHSS Web site at <http://www.dhss.mo.gov/SeniorServices/>, and then click on "Subscribe to LTC Information Update."

The *LTC Bulletin* is published quarterly by the Section for Long-Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to Tara.McKinney@dhss.mo.gov, or you may call (573) 526-8514.

